PTO/SB/06 (12-04)
Approved for use through 7/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

PATENT APPLICATION FEE DETERMINATION RECORD  Application or Docket Number.																
Substitute for Form PTO-875											1	Application or Docket Number				
		10/773573														
APPLICATION AS FILED -										OR	OTHE	ER THAN				
(Column 1)					(Column 2)			SMALL ENTITY				ENTITY				
FOR NUMBER FI				BER FILE	0	NUMBER EXTRA			RATE (\$) FEE (\$)		]	PATE (e)				
	\SIC FEE CFR 1.16(a), (b), c	or (c))						1	10,10,0	1 1 1 (4)	1	RATE (\$)	FEE (\$)			
SE	ARCH FEE		7					+	·	+	-∤-	<b></b>	<del> </del>			
	CFR 1.16(k), (i), or (m))  (AMINATION FEE					<u> </u>		1		<u>. </u>	╛		1			
(37	CFR 1.16(a), (p), or (q))							l	1		1					
TOTAL CLAIMS (37 CFR 1.16(i))				minus	20 -			1		<del> </del>	1	<del></del>	<del> </del>			
INDEPENDENT CLAIMS								┨	X =	<del> </del>	OR	X =	<u> </u>			
(37 CFR 1.16(h))			minus 3 =			•		1	X =		1	x =				
APPLICATION SIZE If the specification and drawings exceed 100 sheets of paper, the application size fee due								1								
FEE			is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See				each	ļ								
(37 CFR 1.16(s))			additiona 35 U.S.C	al 50 she	ets or	fraction th	nereof. See	1	ĺ	İ		}	·			
35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))						┨		<del> </del>		<u> </u>						
MU	LTIPLE DEPEN	DENT C	LAIM PRE	SENT (37	CFR 1.1	6(j))		J		Ŀ	ļ ·		}			
* If the difference in column 1 is less than zero, enter *0" in column 2.								_	TOTAL		1	TOTAL				
APPLICATION AS AMENDED - PART II											J	TOTAL	L			
	. APP	LICAI	ION AS	AMENL	DED –	PART II	•									
ļ.,	'a-10-0 (.	(Col	umn 1)		(C	olumn' 2)	(Column 3)		SMALL	CMTITO	OR		THAN .			
AMENDMENT A		LAIMS	IMS H			PRESENT EXTRA	1		ENTIT	1	SMALL	ENTITY				
	A		MAINING FTER NDMENT		PREVIOUSLY			RATE (\$)	ADDI-	٠ .	RATE (\$)	ADDI-				
						D FOR		]		TIONAL FEE (\$)	ľ		TIONAL FEE (\$)			
	(37 CFR 1.16(i))		7	Minus		20	- <i>/</i>		X =	. /	OR	x =				
	Independent (37 CFR 1.16(h))	•	7	Minus	***	4	= /	1		<del>/-</del>	OR	<u> </u>				
	Application Size Fee (37 CFR 1.16(s))						<del>'/</del>		X =	· /	OR	X				
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(1))									_/_		/				
(37 CFR 1.16(0))									/	OR	· /					
	•		•	•				٠	TOTAL ADD'L FEE	[	OR	TOTAL ADD'L FEE				
	,	(Colu	ımn 1)		(C	olumn 2)	(Column 3)		,		1		$\overline{}$			
		CL	AIMS		HIC	HEST		- 1								
80			AINING			MBER TOUSLY	PRESENT EXTRA		RATE (\$)	ADDI-	j	RATE (\$)	ADDI-			
ENT	Total	AMEN	DMENT			FOR				TIONAL FEE (\$)	İ	. [	TIONAL FEE (\$)			
-21	(37 CFR 1.16(1))	·	ļ.	Minus	**		=	ı	X =		<u></u>	·	1 1 1			
AMENDA	Independent (37 CFR 1.16(h))			Minus	404		=	İ			OR	X =				
闄	Application Size Fee (37 CFR 1.16(s))							X =	<del></del>	OR	X =					
۲	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(II))							٠.			ŀ					
			moern ee	DOI ENDE	INT CLA	M (37 CF)	(1.16(J)) ·	l			OR					
									TOTAL ADD'L FEE		OR	TOTAL				
If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".											•	ADD'L FEE				
	'If the "Highest N If the "Highest N The "Highest N	ınmberi	Previously l	Paid For	INI THIC	CDACE			r "20".							
	The "Highest Nu	mber Pr	eviously Pa	aid For (1	otal or	orace is Independe	ness than 3, er nt) is the highe	iter st ni	ਤਾ. imber found in t	he appropriate	box in co	dumo 1				

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

٠.,	· ·	,					20	:	A		•	~ ~			
	PATENT A	PPLICATION Effecti	N FEE DE ve Octobe	TERM r 1, 20	inatio 103	M HECO	NU		1	07	<del>ラ.</del>	35	33		┩
		CLAIMS AS		ART		n 2)	. 1	TYPE				R_S	OTHER SHALL E	MTI	
TOTAL CLAIMS RATE FEE RATE									RATE						
FOR			MARIER F	LEO	HUV8E	A EXTRA		8ASE	FEE	385.0	<u> </u>	M C	ASIC PER	77	2.00
	AL CHARGEA	RE CLAMS		ns 20-	· er			X\$ 84				)A	X\$18=	<b>  </b>	
_	PERCENTOL			<b>193</b> -	• 8			X43				я	X860		
MIR	VIPLE DEPEN	DENT CLAIM P						•145•				DЯ	<b>◆290</b> □	,	
		in column 1 is		no ente	or of the	WELLIN S		101		_	٦,	OR	TOTAL	7	70
• 11 8									(				OTHER	TH	AN
CLAIMS AS AMENDED - PART II (Column 1) (Column 3) (Column 3)								SW	ALL	ENTIT	_	PK 1	SMALL		DD+
		CLAINS REMADERS		MUR	BER BER	PRESENT		RATE	TE	ADDI- TIONAL	M	ı	RATE	TI	ONAL
EXDIVENTA		AFTER AMENOMENT		PREV	FOR	EXIM		-		FEE			X518=	Г	7
	Total	. 20	Minus		20_	-/-	4	XS	8=	<b> </b>	H	OR	YR6a	╁	<del>/</del> -
9	Independent	. 2	Minus		3_	<u>'/</u>	-	X	3-	<b> </b>	$ \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \!$	OR		╁	+-
	PRST PRESI	-ENGLES				41	45-	$\coprod$		OA	+580-	╀	<del> </del>		
									OTAL I. PEE	$\Box$		OR	ADDIT FE	Ĕ <b>L</b>	╀
].	-6.06	(Column 1)		(Cat	umn 2)	(Cohmn)	31					1		<b>T</b>	ADDI:
		CLARUS REMADERIG	1	l m	MBER	PRESENT	١,	R	ATE	200	NAL	ŀ	RATE		HEE
		AFTER AMENDMENT		PA	POR TOR	1	1	-		-1	7		X\$18-	1	7
ğ	Total	. 20	Minus	1-6	<u> 20</u>	<del>! /</del>		L×	\$ 9=		<del>                                     </del>	OR	XBG	+	+
AMENDMENT	Independent	1.2	Minus	DEPENDENT CLAIM	ㅓ	X43	¥3•	╂┿	<del> </del>	OR	` <u> </u>	╅	├─		
٣	FIRST PRES	ENTATION OF I	AULTIPLE DE	PERLOC	N1 00			•	145=		<u>!</u>	OA	+290		┷
							A00	TOTA		1	OF	ADDIT F		+	
1	5.300	S (Cotumn )	ı		առու <u>շ</u> լ	(Column	3 <u>;</u>					•		-	ADD
6	•	REMADENO			GREST LIMBER	PRESEN		A	ATE		nal Di		RATI	E	TION
Ę		AFTER AMENDMEN		PH	VIOUSLY NO FOR	ECUM	_	76		FEE		1	源。	2	_FEE
PAGENT	Total	. 20	Minus	<u> </u>	20	+	_						ASA ASA		200
厚	Independent	. 4	Minus			<u>.  •                                   </u>	$\dashv$	1	<del>///</del>	1		ļœ	7   -765	2	000
Ľ	PARST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							<b>\</b>	145.			OF			
If the entry in column 1 is less than the entry in column 2, write "I" in column 3.  "I the "Rights! Rumber Productly Pads For" IN THIS SPACE is less than 20, wear "20."  "If the "Rights! Rumber Productly Pads For" IN THIS SPACE is less than 2 water "3."  "If the "Rights! Rumber Productly Pads For" IN THIS SPACE is less than 3 water "3."									YOT			]oi	ADDIT.	TAL EE	201
:	Fine Vighest	Rumber Provincesh Number Provincesh Number Provinceshy	POLICE FOR DATE	NIS SPA	CE is loss	tran 3, enter the highest n	7.	lound o			rigte i	m jv	column 1.		
	The Trighest N	Proper Exercises												76	00004

FORM PRO-478 (Res. 1000)